



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\***

CONFIRMATION NO. 3859

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/618,455	<b>FILING DATE</b> 07/10/2003  <b>RULE</b>	<b>CLASS</b> 714	<b>GROUP ART UNIT</b> 2133	<b>ATTORNEY DOCKET NO.</b> 019186-000650US
------------------------------------	---	---------------------	-------------------------------	---

**APPLICANTS**  

Christian Foisy, Saint-Lazare, CANADA;

Joseph A. Vo, San Francisco, CA;  
 M. Amin Shokrollahi, San Jose, CA; Michael Luby, Berkeley, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/032,156 12/21/2001  
 and is a CIP of 10/076,623 02/14/2002 PAT 6,614,366  
 which is a CON of 09/757,078 01/08/2001 PAT 6,373,406  
 which is a CON of 09/246,015 02/05/1999 PAT 6,307,487  
 which claims benefit of 60/101,473 09/23/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**      **\*\* SMALL ENTITY \*\***  
**\*\* 10/09/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <u>[Signature]</u> Initials: _____	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 62	<b>INDEPENDENT CLAIMS</b> 9
--	---	-----------------------------------	-----------------------------	---------------------------	--------------------------------

**ADDRESS**  
 20350  
 TOWNSEND AND TOWNSEND AND CREW, LLP  
 TWO EMBARCADERO CENTER  
 EIGHTH FLOOR  
 SAN FRANCISCO, CA  
 94111-3834

**TITLE**  
 Systems and methods for broadcasting information additive codes

<b>FILING FEE RECEIVED</b> 1086	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------------	---	---